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APPLICANTS

Stuart T. Linsky, San Pedro, CA ;
Harvey L. Berger, Redondo Beach, CA ;
Dennis A. Nivens, Hermosa Beach, CA ;
Garrick J. Harmon, Redondo Beach, CA ;
Fred C. Tramm, Rancho Palos Verdes, CA ;
Robert W. White, Playa del Rey, CA ;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

Patent Counsel
TRW Inc
Space & Electronics Group
One Space Park Bldg E2 6051
Redondo Beach ,CA 90245

TITLE

Beam hopping self addressed packet switched communication system with multiple beam array antenna

FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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